

Office of the
Legislative Fiscal Analyst

FY 2002 Budget Recommendations

Joint Appropriations Subcommittee for
Health and Human Services

Utah Department of Health
Health Systems Improvement

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1.0 Department of Health – Health Systems Improvement

Summary

The mission of the Division of Health Systems Improvement is to facilitate, encourage, and coordinate continuous improvement in the Utah health care system. The mission is fulfilled through examination, analysis, and actions to improve areas of concern in terms of service availability, accessibility, acceptability, continuity, quality, and cost.

The Division includes the Director's office and four bureaus. These bureaus include Emergency Medical Services; Licensing; Program Certification and Resident Assessment; and Primary Care, Rural, and Ethnic Health. Through these four bureaus, Health Systems Improvement assures the quality of the health and child care industries. Improvement strategies include training and certifying emergency medical personnel, licensing health and child care facilities, inspecting Utah Medicare/Medicaid health care institutional providers, conducting pre-admission screenings for all Utah Medicaid recipients seeking nursing home or institutional care, and promoting primary care services to underserved populations.

	Analyst FY 2002 Base	Analyst FY 2002 Changes	Analyst FY 2002 Total
Financing			
General Fund	4,084,300		4,084,300
Federal Funds	2,896,700		2,896,700
Dedicated Credits Revenue	2,856,100		2,856,100
GFR - Medicaid Restricted	(3,700)		(3,700)
Transfers	1,256,600		1,256,600
Beginning Nonlapsing	593,000		593,000
Closing Nonlapsing	(200,500)		(200,500)
Total	\$11,482,500	\$0	\$11,482,500
Programs			
Director's Office	314,500		314,500
Emergency Medical Services	4,534,200		4,534,200
Licensing	3,029,600		3,029,600
Program Certification and Resident Assessment	3,127,800		3,127,800
Primary Care, Rural, and Ethnic Health	476,400		476,400
Total	\$11,482,500	\$0	\$11,482,500
FTE/Other			
Total FTE	141		141

2.0 Issues: Department of Health – Health Systems Improvement

2.1 Primary Care, Rural, and Ethnic Health – Primary Care Grants Program Funding

Primary Health Care Grants provide medical services to medically underserved populations. Last year, the Legislature funded Primary Care Grants at a level of \$500,000 from the Medicaid Restricted Account, after funding it for several years from Mineral Lease funding. The Analyst recommends that the Legislature consider funding the Primary Care Grants program from the General Fund in FY 2002. Since no funding is attached to this recommendation, the Analyst recommends that this item be considered among the items to be prioritized for additional funding.

3.1 Health Systems Improvement - Director's Office

Recommendation The Analyst recommends a budget of \$314,500 for the Director's Office for FY 2002. A portion of the functions of this office qualify to be covered by Federal funds through federal indirect funds.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	243,200	240,400	236,000	(4,400)
General Fund, One-time	1,100			
Federal Funds		80,000	78,500	(1,500)
Dedicated Credits Revenue	43			
Transfers	24,996	50,000		(50,000)
Lapsing Balance	86,738			
Total	\$356,077	\$370,400	\$314,500	(\$55,900)
Expenditures				
Personal Services	308,182	243,000	237,100	(5,900)
In-State Travel	1,054	600	600	
Out of State Travel	1,331	2,600	2,600	
Current Expense	18,391	36,100	21,200	(14,900)
DP Current Expense	27,119	83,100	53,000	(30,100)
DP Capital Outlay		5,000		(5,000)
Total	\$356,077	\$370,400	\$314,500	(\$55,900)
FTE/Other				
Total FTE	5	4	4	

Purpose The administrative function of the Division of Health Systems Improvement includes planning and budget analysis, coordination of intradivisional activities, and division liaison with other public and private agencies and organizations.

Administration/Service Cost Breakdown Intent Language The 2001 Legislature also approved this item of intent language for this division:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered.

The Department reports that the Director's Office's budget is 86 percent administration. The Department reports that the remainder of the Health Systems Improvement line item provides services.

3.2 Health Systems Improvement - Emergency Medical Services

Recommendation

The Analyst recommends a budget of \$4,534,200 for Emergency Medical Services (EMS) for FY 2002. Of the total recommendation, more than half is from dedicated credits which are generated from a 25 percent surcharge levied on all criminal fines and forfeitures in the State. Emergency Medical Services receives 14 percent of the total surcharge collections, with the majority of those funds used for contract grants and per capita grants for cities and counties in the State, in accordance with UCA 63-63a-3. EMS receives these funds as non-lapsing dedicated credits (see 26-8-2.5(1)(a)). In the past, the appropriated level of these dedicated credits has limited the amount available, even when the collections exceeded the appropriation. The Analyst's recommendations include an increased spending limit, allowing the Bureau to expend funds as they come in, but will still be limited to the lesser of total collections or the appropriation.

As in the past, this bureau is expected to receive two Revenue Transfers from Comprehensive Emergency Management (\$90,000) and the Utah Highway Safety Program Office (\$60,000). Both of these Revenue Transfers are received by the Department of Public Safety as Federal Funds.

The Analyst's recommendation includes beginning FY 2002 with a non-lapsing balance of \$344,000 and ending the year with a non-lapsing balance of \$104,000. Each year there are funds that are nonlapsing from the EMS Grants program. Since these funds are obligated for more than one year, the Legislature has authorized their non-lapsing status in statute.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	986,500	1,240,000	1,215,000	(25,000)
General Fund, One-time	2,800	25,000		(25,000)
Federal Funds	163,126	130,000	129,200	(800)
Dedicated Credits Revenue	2,249,451	2,245,000	2,800,000	555,000
Transfers	148,389	142,300	150,000	7,700
Beginning Nonlapsing	1,105,519	1,120,000	344,000	(776,000)
Closing Nonlapsing	(1,120,036)	(344,000)	(104,000)	240,000
Lapsing Balance	7,502			
Total	\$3,543,251	\$4,558,300	\$4,534,200	(\$24,100)
Expenditures				
Personal Services	1,065,396	1,247,000	1,217,600	(29,400)
In-State Travel	50,620	52,200	49,400	(2,800)
Out of State Travel	19,699	8,600	9,600	1,000
Current Expense	769,397	1,260,300	1,402,900	142,600
DP Current Expense	69,575	35,200	34,700	(500)
DP Capital Outlay		25,000		(25,000)
Capital Outlay	26,200			
Other Charges/Pass Thru	1,542,364	1,930,000	1,820,000	(110,000)
Total	\$3,543,251	\$4,558,300	\$4,534,200	(\$24,100)
FTE/Other				
Total FTE	26	29	29	(0)

Purpose

The Bureau of Emergency Medical Services is a leadership team functioning as a resource and providing assurance of a quality emergency medical system in the State. It is the mission of the Bureau of Emergency Medical Services to promote a statewide system of emergency and trauma care to reduce morbidity and mortality, through prevention, awareness, and quality intervention.

The Bureau implements this mission by:

1. Listening to its constituents and helping them meet their needs.
2. Providing information, technical assistance and consultation to providers of emergency medical services to enhance the provision of quality emergency care.
3. Assuring compliance by emergency medical providers to rules and regulations that promote quality emergency care.
4. Promoting the highest standards possible for the statewide provision of emergency medical services, taking into consideration available resources, utilizing available resources and investigating alternative funding sources.
5. Establishing an infrastructure to provide administrative support that will continually seek to improve, streamline, and find the most cost-effective way to meet the needs throughout the State.

6. Recognizing Bureau personnel as valuable team members and empowering them to make decisions to facilitate their performance, provide good customer service, and to seek additional training for the attainment of Bureau goals.
7. Encouraging EMS involvement and coordination with existing and new injury prevention and health promotional activities.
8. Promoting and supporting programs and activities that address the physical and mental health and safety of EMS personnel.

EMS Surcharge

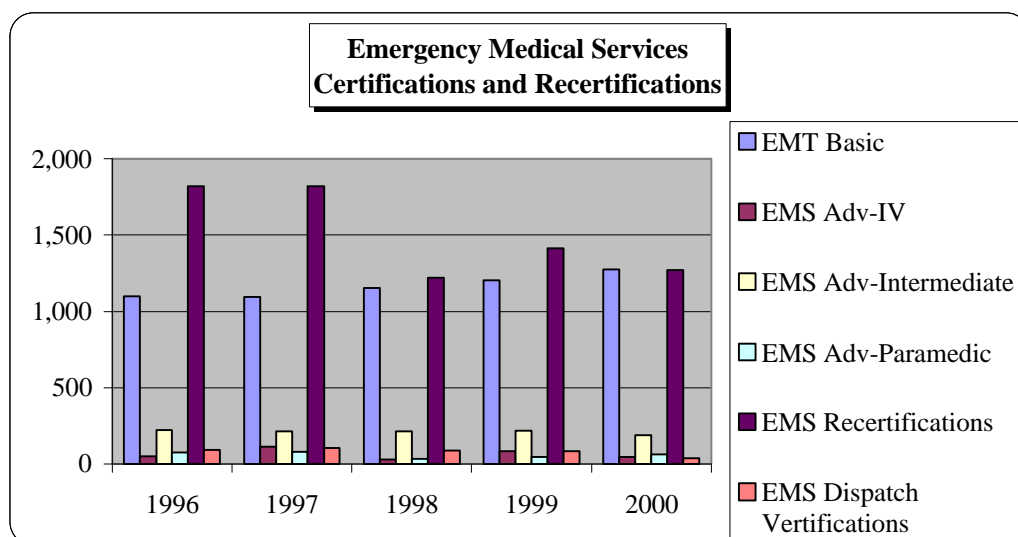
The portion of the surcharge that is allocated to EMS has restrictions on its usage established in the Utah Code. Of the total, the bureau may allocate a small amount (six percent) for its administration, then allocates 15 percent of the remaining balance to emergency medical training programs developed for high school students. The balance is then divided between (a) block grants for emergency medical services at the county level, determined by population, and (b) competitive grants distributed to applicants based on the rules established by the Emergency Medical Services Committee.

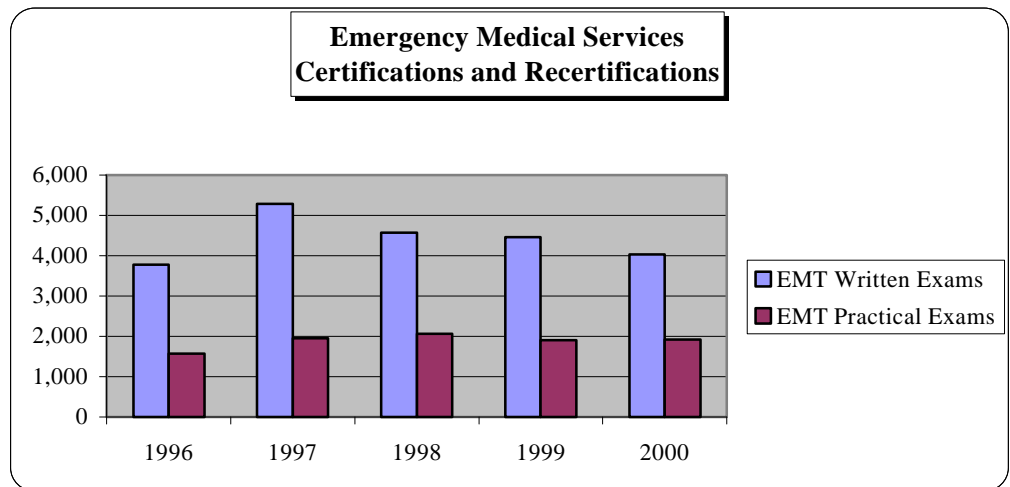
FY 2001 Budget Increase

Last year, the Legislature passed Senate Bill 115, “Trauma System Amendments”, which established a statewide trauma system, a statewide trauma registry, and trauma center designations. The Legislature provided \$275,000 in ongoing General Funding plus a one-time appropriation of \$25,000 for equipment. This funded 1.5 FTEs.

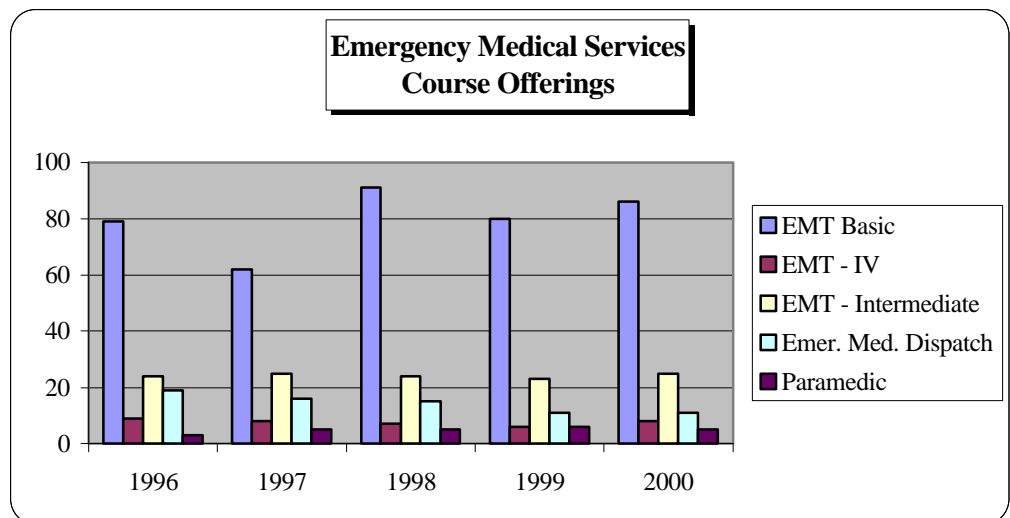
EMT Certification

Emergency Medical Technicians must be certified to meet a statewide standard for emergency service provision. The following two charts show the number of certifications and re-certifications from 1996 to 2000.





To assist EMTs in gaining certification or recertification, courses are available. The following chart shows the number of those course offerings.



3.3 Health Systems Improvement - Licensing

Recommendation The Analyst recommends a budget of \$3,029,600 and maintaining the current staffing level of 52.75 FTE.

The Bureau is authorized to collect fees for conducting plan reviews and, through intent language, to retain those fees as non-lapsing dedicated credits. The Analyst expects those collections to be approximately \$56,100 in FY 2002.

The major portion of the \$1,107,700 listed as Revenue Transfer is funding for child care licensing monitoring which is transferred to this program from the Department of Workforce Services. The balance (\$94,000) is revenue from the Department of Public Safety for criminal identification through background checks.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	1,822,600	1,791,600	1,755,800	(35,800)
General Fund, One-time	7,100			
Dedicated Credits Revenue	91,145	57,300	56,100	(1,200)
Transfers	760,000	1,131,000	1,107,700	(23,300)
Beginning Nonlapsing	226,227	218,500	110,000	(108,500)
Closing Nonlapsing	(218,519)	(110,000)		110,000
Lapsing Balance	11,437			
Total	\$2,699,990	\$3,088,400	\$3,029,600	(\$58,800)
Expenditures				
Personal Services	2,336,932	2,529,400	2,473,700	(55,700)
In-State Travel	43,475	49,400	49,400	
Out of State Travel	9,704	17,300	17,300	
Current Expense	263,080	306,000	302,900	(3,100)
DP Current Expense	46,799	90,300	90,300	
Other Charges/Pass Thru		96,000	96,000	
Total	\$2,699,990	\$3,088,400	\$3,029,600	(\$58,800)
FTE/Other				
Total FTE	51	53	53	(0)

Purpose

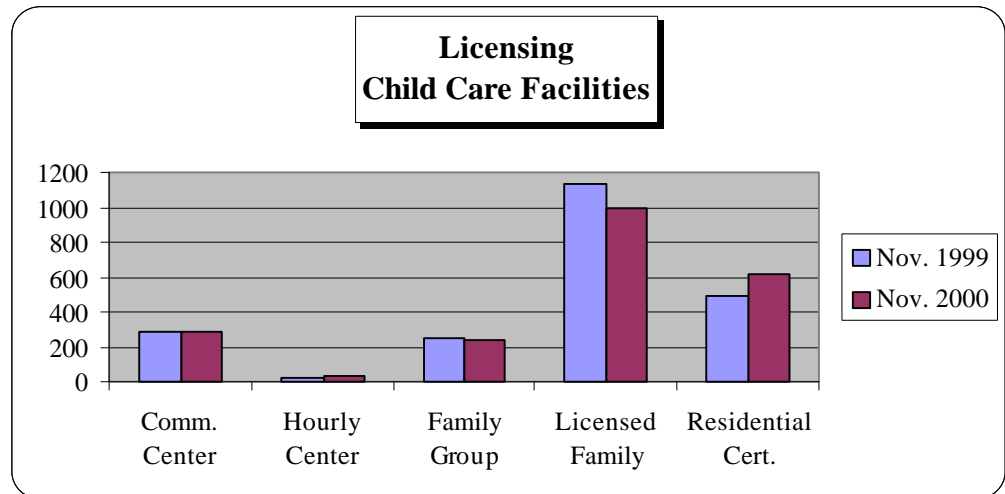
The Bureau of Licensing is responsible for ensuring that health facilities and agencies which are involved in 13 major areas of health care provision adhere to the legislatively mandated functions through licensure and regulation. The categories with the largest numbers of facilities include Assisted Living Facilities - Type I (140), Home Health Agencies (73), and Nursing Care Facilities (107). Other categories with significant numbers include Hospitals (62), Assisted Living Facilities - Type II (59), and Mammography Facilities (45). The quality of health care is regulated through the enforcement of administrative rules, pre-license activities for new providers, approval of construction and remodeling of existing facilities, as well as suppression of illegal operations.

The Bureau conducts inspections and investigates complaints for non-Medicare/Medicaid programs, accredited programs, and licensed-only programs.

A facility may be issued a deficiency if it is found to be in violation of state rules. Enforcement activities and sanctions follow adjudicative proceedings. A major activity of rule writing and rule revision is completed under the direction of the Health Facility Committee, which has legislative authority.

Another of the activities for which this program is responsible, is reviewing building plans for new construction of health facilities. Because the construction and reviews often span more than one fiscal year, the Legislature has approved the plan review fees as non-lapsing through intent language in the Appropriations Act.

As a result of legislation passed during the 1997 Legislative Session, the responsibility of licensing child care providers was added to this bureau. In addition, the bureau also was given the responsibility of licensing hourly care providers. To accommodate this additional responsibility, the bureau has updated the state rules with input from the Child Care Licensing Advisory Committee, and has added the central child care center licensing function and redistributed personnel to address case load equity. The following chart shows the number and types of child care facilities. It should be noted that a significant driver of the workload in the child care licensing area is the turnover. Over the course of 2000, there were 505 facilities which were closed, while 553 new facilities were opened.

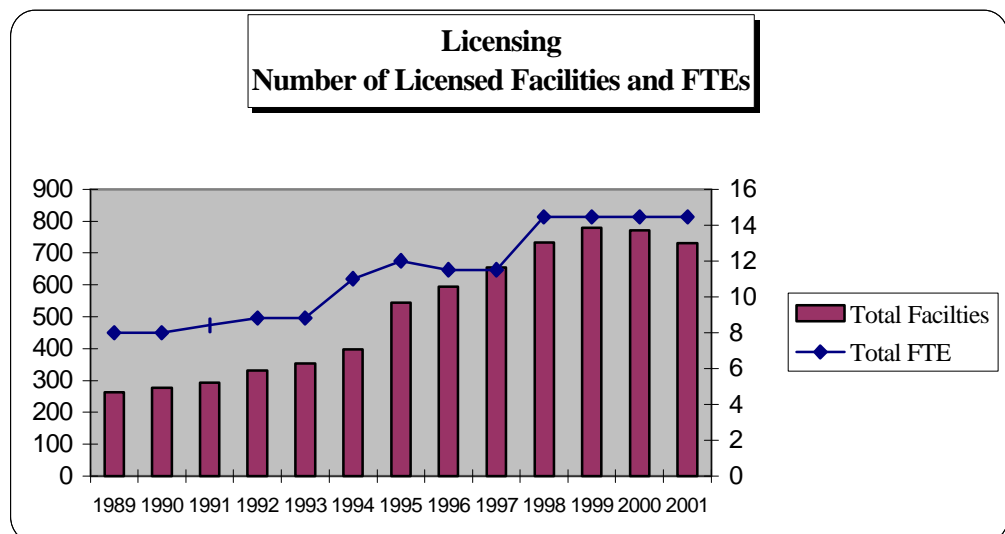


Previous Budget Increases

In the 1998 Session, Senate Bill 64, "Background Check of Healthcare Providers", passed, which requires the Bureau to complete background checks on health care providers. In 1999, the Legislature passed Senate Bill 74, "Child Care Provider Criminal Background". This bill added \$133,500 and 1 FTE position. Currently, the Bureau is processing 22,000 health care and child care employees annually through the Bureau of Criminal Investigation (BCI) and child/adult abuse data bases. It is estimated that 48,800 clearances will be run on an annual basis. Currently, the Bureau disqualifies 0.05 percent of child care employees and 13 percent of health care employees for failure to clear the process.

Historical Growth Facilities and FTEs

Growth in facilities to be licensed has averaged approximately 12 percent per year for the time period shown. Staffing has increased approximately 5 percent over the same time frame. (Note: Beginning in FY 1995, satellite facilities were also licensed, which do not show on the chart in previous years.)



In the 2000 Legislative session, the following intent language was passed for the Department of Workforce Services:

It is the intent of the Legislature that the department evaluate imposing more stringent health and safety standards on child care providers of services for which assistance is provided under the Child Care Development Fund. It is further the intent of the Legislature that changes to the standards be made if they are programmatically and fiscally feasible. Any changes should be made in consultation with the Governor's Office of Planning and Budget and the Workforce Services Interim Committee. It is the intent of the Legislature that the Department provides regular updates to the Legislature through the Workforce Services Interim Committee.

The Department of Workforce Services transferred \$200,000 in one-time TANF funds to the Bureau of Licensing to absorb the increase in certified and licensed child care programs. Since October 2000, the Bureau of Licensing has sent out certificate applications to 1200 providers. Some providers have responded, but responses are expected through June 2001 before a firm number of providers will be determined. The Bureau is expecting another one-time transfer from Workforce Services for FY 2002, after which, with adequate information on the number of providers, ongoing funding will likely be requested to continue to implement this intent language.

3.4 Health Systems Improvement - Program Certification and Resident Assessment

Recommendation

The Analyst recommends a budget of \$3,127,800. Over 80 percent of the bureau's funding comes from federal funds due to its services in determining Medicare and Medicaid compliance.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	578,400	588,500	577,300	(11,200)
General Fund, One-time	1,900			
Federal Funds	2,259,067	2,600,400	2,550,500	(49,900)
Lapsing Balance	(62,651)			
Total	\$2,776,716	\$3,188,900	\$3,127,800	(\$61,100)
Expenditures				
Personal Services	2,428,336	2,743,100	2,685,400	(57,700)
In-State Travel	71,615	74,200	74,200	
Out of State Travel	32,148	45,000	45,000	
Current Expense	150,425	235,700	232,300	(3,400)
DP Current Expense	94,192	90,900	90,900	
Total	\$2,776,716	\$3,188,900	\$3,127,800	(\$61,100)
FTE/Other				
Total FTE	49	49	49	

Purpose

The Bureau of Medicare/Medicaid Program Certification and Resident Assessment inspects Utah Medicare/Medicaid health care providers, and does pre-admission screenings for all Utah Medicaid recipients seeking nursing home or institutional care. The Bureau certifies over 350 health care providers, consisting of 21 different provider types. These include hospitals, nursing homes, institutions for the mentally retarded and the mentally ill, home health agencies, and many other provider types. In addition to survey inspections, follow-up inspections and complaint investigations are performed. The Bureau performs pre-admission/continued stay reviews for over 4,700 Medicaid patients in Utah nursing homes and facilities for the mentally retarded/mentally ill.

The Bureau is responsible for managing two federal grants: Title 18 (Medicare) Certification Grant, and Title 19 (Medicaid) Certification. These grants are funded at different matching rates. Title 18 Certification is matched at 100 percent and Title 19 is matched at either 75 percent or 50 percent Federal Financial Participation (FFP). In addition, the Bureau participates in the regular Title 19 program. This program is matched at 90 percent, 75 percent, or 50 percent FFP.

3.5 Health Systems Improvement - Primary Care, Rural, and Ethnic Health

Recommendation The Analyst recommends a budget of \$476,400 for FY 2002. The Analyst's recommendation includes the movement of Ethnic Health to this program from the Executive Director's budget. This includes one FTE position, which is reflected in the increase in General Funding.

The recommendation includes over \$139,000 of non-lapsing funding which the Analyst is showing as carrying forward into FY 2002. These non-lapsing funds are for the Primary Care Grants.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	245,300	242,700	300,200	57,500
General Fund, One-time	900			
Federal Funds	322,366	138,500	138,500	
Federal Mineral Lease	600,000			
GFR - Medicaid Restricted		500,000	(3,700)	(503,700)
Transfers			(1,100)	(1,100)
Beginning Nonlapsing	231,117	167,000	139,000	(28,000)
Closing Nonlapsing	(166,965)	(139,000)	(96,500)	42,500
Lapsing Balance	(60,308)			
Total	\$1,172,410	\$909,200	\$476,400	(\$432,800)
Expenditures				
Personal Services	253,647	271,600	317,800	46,200
In-State Travel	4,093	16,300	16,600	300
Out of State Travel	7,569	8,100	8,900	800
Current Expense	729,609	541,700	55,800	(485,900)
DP Current Expense	26,307	21,500	22,300	800
Capital Outlay	7,071			
Other Charges/Pass Thru	144,114	50,000	55,000	5,000
Total	\$1,172,410	\$909,200	\$476,400	(\$432,800)
FTE/Other				
Total FTE	7	5	6	1

Purpose

The Bureau of Primary Care, Rural, and Ethnic Health is a resource for Utah's rural, multi-cultural, and underserved communities. The Bureau coordinates federal, state, and local efforts aimed at improving the health of Utah's rural, underserved, and multi-cultural residents. The Bureau works with communities that need assistance conducting needs assessments, recruiting health care professionals, grant writing, identifying sources of funding, and implementing other projects related to decreasing disparity and increasing access to primary health care. The Bureau also serves as the State's Office of Rural Health, as well as the Department's lead unit with respect to the federally designated Primary Care Office activities, which involves a partnership with the Association for Utah Community Health, and the U.S. Public Health Service. The Bureau performs the functions of health professional recruitment and retention, planning and policy development, (capacity building), information clearinghouse (technical assistance), and assistance to Utah's communities (community development). The Office of Ethnic Health was merged into the Bureau of Primary Care and Rural Health Systems July 1, 2000. The Bureau's name was changed to reflect this organizational change. The Bureau's goals now include eliminating health care barriers for Utah's ethnic populations, promoting the physical and mental health of ethnic groups in the State of Utah, and stimulating the development of mechanisms for bridging cultural and language barriers.

Community Health Nursing activities and the position of State Director of Community Health Nursing (CHN) was reassigned to the Bureau in September 2000. The State Director of CHN is the focal point for nursing issues in the Department and with the local health departments. The State Director of CHN also provides consultation and technical assistance to local health departments, facilitates training and continuing education programs for public health nurses, and participates in public health and nursing resources planning and policy development.

In the past, the Physicians and Physician Assistants Grant and Scholarship Program, the Special Populations Health Care Provider Financial Assistance and Retention Program, and the Nurse Education Financial Assistance Program have been included in this bureau's budget. Utah Code establishes these three programs as separate line items, and so these will each be discussed individually.

Rural Telemedicine

The 1996 Legislature approved \$150,000 in one-time funds for rural telemedicine. The 1997, 1998, and 1999 Legislatures funded the program at \$100,000 annually from Mineral Lease funds. This program is designed to establish a network between eight rural health care delivery sites throughout the state. These funds have been utilized to maintain and upgrade the hub site at the University of Utah and at the Milford site; to install a teleconferencing system in Moab; and to connect data sites in the following five sites: Beaver, Nephi, Gunnison, Cedar City, and Price. Because there were no more discretionary Mineral Lease funds last year for the Legislature to appropriate, no additional funding was approved for FY 2001.

State Primary Care Grant Program

The 1996 and 1997 Legislatures approved \$350,000 from Mineral Lease Funds for a Primary Care Grant Program to serve medically underserved populations. The program targets Utah's low-income families, who have no health insurance, or whose health insurance does not cover primary health care services and who cannot qualify for Medicare, Medicaid, CHIP, or other government insurance programs. The scope of this project includes all populations in medically underserved areas, including the working poor, individuals with chronic diseases, children of low income families, the homeless, Native Americans, seasonal and migrant farm workers, and other disadvantaged groups. Intent language designates these funds as non-lapsing.

The 1998 Legislature increased the funding to \$500,000. This amount was also appropriated in 1999 for FY 2000 and FY 2001, but the source of the funding switched in FY 2001 to the Medicaid Restricted Account. Each of these appropriations has been one-time in nature, meaning that it is not included in base funding from one year to the next.

Eight organizations were awarded funding from the FY 1997 appropriation, and nine organizations were awarded portions of the funding in both FY 1998 and FY 1999. Approximately 2,900 individuals received services in 8,900 encounters in FY 1997. In FY 1998, there were 2,658 individuals served, with 6,916 encounters. In FY 1999, 4,213 individuals were served in 9,942 encounters. In FY 2000, there were 4,816 individuals served in 9,573 encounters.

Intent language has been included each year with the funding, designating it as nonlapsing.

Future Funding for Grants

Based on the need and the success of the Primary Care Grant program during the past several years, the Analyst recommends that the Legislature consider this for continued funding.

Telehealth Commission

Last year, the Legislature passed House Bill 72, "Utah Telehealth Commission", which established the Commission and outlined its duties. The Legislature approved funding for the Commission in the amount of \$4,000.

The Commission held its first meeting on December 11, 2000 and began its work. The Commission decided it would need to educate all those involved in the utility of telehealth. Future funding of the telehealth program was also discussed.

4.0 Additional Information: Health Systems Improvement

4.1 Funding History

	1998	1999	2000	2001	2002
Financing	Actual	Actual	Actual	Estimated	Analyst
General Fund	4,006,100	3,816,700	3,876,000	4,103,200	4,084,300
General Fund, One-time			13,800	25,000	
Federal Funds	2,844,217	2,676,980	2,744,559	2,948,900	2,896,700
Dedicated Credits Revenue	1,756,189	1,919,884	2,340,639	2,302,300	2,856,100
Federal Mineral Lease	551,371	600,000	600,000		
GFR - Medicaid Restricted				500,000	(3,700)
Transfers	841,219	955,525	933,385	1,323,300	1,256,600
Beginning Nonlapsing	1,830,702	888,760	1,562,863	1,505,500	593,000
Closing Nonlapsing	(1,879,683)	(1,643,906)	(1,505,520)	(593,000)	(200,500)
Lapsing Balance	(10,872)	(55,432)	(17,282)		
Total	\$9,939,243	\$9,158,511	\$10,548,444	\$12,115,200	\$11,482,500
Programs					
Director's Office	552,597	305,552	356,077	370,400	314,500
Emergency Medical Services	3,222,177	2,850,205	3,543,251	4,558,300	4,534,200
Licensing	2,237,061	2,433,951	2,699,990	3,088,400	3,029,600
Program Certification and Resident Assessment	2,758,756	2,816,898	2,776,716	3,188,900	3,127,800
Primary Care, Rural, and Ethnic Health	1,168,652	751,905	1,172,410	909,200	476,400
Total	\$9,939,243	\$9,158,511	\$10,548,444	\$12,115,200	\$11,482,500
Expenditures					
Personal Services	5,666,683	5,964,265	6,392,493	7,034,100	6,931,600
In-State Travel	158,738	148,681	170,857	192,700	190,200
Out of State Travel	54,743	61,915	70,451	81,600	83,400
Current Expense	2,097,773	1,632,257	1,930,902	2,379,800	2,015,100
DP Current Expense	392,443	231,354	263,992	321,000	291,200
DP Capital Outlay	24,690	15,443		30,000	
Capital Outlay	8,145	9,125	33,271		
Other Charges/Pass Thru	1,536,028	1,095,471	1,686,478	2,076,000	1,971,000
Total	\$9,939,243	\$9,158,511	\$10,548,444	\$12,115,200	\$11,482,500
FTE/Other					
Total FTE	123	141	137	140	141

4.2 Federal Funds

Program		FY 2000 Actual	FY 2001 Estimated	FY 2002 Analyst
Director's Office	Federal	\$0	\$80,000	\$78,500
Federal Indirect	Required State Match			
	Total	0	80,000	78,500
Emergency Medical Services	Federal	34,668	30,000	29,200
Preventative Block Grant	Required State Match			
	Total	34,668	30,000	29,200
Emergency Medical Services	Federal	128,458	100,000	100,000
PHS Local Federal Grant	Required State Match			
	Total	128,458	100,000	100,000
Program Certification and Resident Assess	Federal	19,943	0	0
PHS Local Federal Grant	Required State Match	19,943		
	Total	39,886	0	0
Program Certification and Resident Assess	Federal	1,530,120	1,078,000	1,028,100
HIB Title 18	Required State Match	219,035		
	Total	1,749,155	1,078,000	1,028,100
Program Certification and Resident Assess	Federal	0	1,120,000	1,120,000
Title XIX Medicaid	Required State Match		454,366	454,366
	Total	0	1,574,366	1,574,366
Program Certification and Resident Assess	Federal	709,004	402,400	402,400
Medicaid Administration	Required State Match	278,671	134,134	134,134
	Total	987,675	536,534	536,534
Primary Care, Rural, and Ethnic Health	Federal	78,192	89,700	89,700
Rural Health HCDA	Required State Match			
	Total	78,192	89,700	89,700
Primary Care, Rural, and Ethnic Health	Federal	244,174	48,800	48,800
Rural Health SORH	Required State Match	200,000	200,000	200,000
	Total	444,174	248,800	248,800
	Federal	2,744,559	2,948,900	2,896,700
	Required State Match	717,649	788,500	788,500
	Total	\$3,462,208	\$3,737,400	\$3,685,200

4.3 Fees

	Current FY 2000-01	Proposed FY 2001-02	Difference	Projected Revenue
HEALTH SYSTEM IMPROVEMENT				
Bureau of Emergency Medical Services				
Registration, Certification and Testing				
Certification Fee				
Initial EMT-Basic	30.00	30.00	0.00	54,000
All other certifications	10.00	10.00	0.00	5,500
Recertification Fee	10.00	10.00	0.00	5,600
Lapsed Certification Fee	15.00	15.00	0.00	3,300
Written Test Fee				
Basic EMT Certification Written Test/Re-test Fee	15.00	15.00	0.00	30,000
All other written tests, re-tests	12.00	12.00	0.00	22,800
Practical Test Fees				
EMT - Basic Certification Practical Test/Re-test	30.00	30.00	0.00	63,000
EMT - Basic Recertification Practical <u>Test</u>	80.00	80.00	0.00	6,000
Medical Scenario Practical re-test	20.00	20.00	0.00	500
Trauma Scenario Practical re-test	40.00	40.00	0.00	1,000
Paramedic Practical Test	90.00	90.00	0.00	6,480
Paramedic Practical retest per station	30.00	30.00	0.00	750
The fees listed above apply to the following certification levels:				
Emergency Medical Technician (EMT) - Basic				
Emergency Medical Technician IV				
Emergency Medical Technician Intermediate				
Emergency Medical Technician Paramedic				
Emergency Medical Technician Instructor				
Emergency Medical Dispatcher (EMD)				
Emergency Medical Dispatcher Instructor				
Annual Quality Assurance Review Fee, per vehicle				
Ground Ambulance, Basic	50.00	50.00	0.00	5,000
Ground Ambulance, IV	50.00	50.00	0.00	2,000
Ground Ambulance, Intermediate	75.00	75.00	0.00	7,500
Interfacility Transfer Ambulance, Basic	50.00	50.00	0.00	1,000
Interfacility Transfer Ambulance, IV	50.00	50.00	0.00	1,000
Interfacility Transfer Ambulance, Intermediate	75.00	75.00	0.00	750
Paramedic Rescue	100.00	100.00	0.00	1,000
Paramedic Tactical Response	100.00	100.00	0.00	100
Paramedic Ambulance	100.00	100.00	0.00	1,100
Paramedic Interfacility Transfer Service	100.00	100.00	0.00	200
Quick Response Unit, Basic	50.00	50.00	0.00	1,000
Quick Response Unit, IV	50.00	50.00	0.00	100
Quick Response Unit, Intermediate	75.00	<u>50.00</u>	(25.00)	200
Advanced Air Ambulance	75.00	75.00	0.00	150
Specialized Air Ambulance	100.00	100.00	0.00	200
Emergency Medical Dispatch Center, per center	50.00	50.00	0.00	2,000
Resource Hospital, per hospital	50.00	50.00	0.00	2,000
Quality Assurance Application Reviews				
Original Ground Ambulance/Paramedic License Negotiated	500.00	500.00	0.00	2,000
Original Ambulance/Paramedic License Contested	up to actual cost, or 5,000.00	up to actual cost, or 5,000.00		3,000

	Current FY 2000-01	Proposed FY 2001-02	Difference	Projected Revenue
Original Designation	100.00	100.00	0.00	500
Renewal Ambulance/Paramedic/Air License	100.00	100.00	0.00	500
Renewal Designation	100.00	100.00	0.00	2,000
Upgrade in Ambulance Service Level	100.00	100.00	0.00	1,000
Original Air Ambulance License	500.00	500.00	0.00	500
<u>Change is ownership/operator, non-contested</u>		<u>500.00</u>	500.00	1,500
<u>Change is ownership/operator, contested</u>		<u>up to actual</u>		3,000
<u>Change is geographic service area, non-contested</u>		<u>500.00</u>	500.00	2,000
<u>Change is geographic service area, contested</u>		<u>up to actual</u>		3,000
Trauma Centers - Level I and II				
Initial Designation/Redesignation Quality Assurance				
Review Fee	500.00			0
	plus all costs associated with American College of Surgeons visit			
<u>Quality Assurance Application Review</u>		<u>500.00</u>	500.00	0
		plus all costs associated with American College of Surgeons visit		
<u>Site Team Verification/Quality Assurance Review</u>		<u>8,000.00</u>	8,000.00	0
Annual Verification Quality Assurance Review Fee	500.00	500.00	0.00	1,000
Trauma Centers - Level III				0
Initial Designation/Redesignation Quality Assurance				
Review Fee	3,000.00			0
	Includes in-state site Visit			
<u>Quality Assurance Application Review</u>		<u>3,000.00</u>		
		Includes in-state site visit		
<u>Site Team Verification/Quality Assurance Review</u>		<u>3,000.00</u>	3,000.00	0
Annual Verification Quality Assurance Review Fee	500.00	500.00	0.00	500
Trauma Centers - Level IV and V				0
Initial Designation/Redesignation Quality Assurance				
Review Fee	1,500.00			0
	Includes in-state site visit	Includes in-state site visit		

	Current FY 2000-01	Proposed FY 2001-02	Difference	Projected Revenue
<u>Quality Assurance Application Review</u>		<u>1,500.00</u>		
		<u>Includes</u>		
		<u>in-state site</u>		
		<u>visit</u>		
<u>Site Team Verification/Quality Assurance Review</u>		<u>2,000.00</u>	2,000.00	2,000
Annual Verification Quality Assurance Review Fee	250.00	250.00	0.00	250
Course Quality Assurance Review Fee				
Basic EMT Course	100.00	100.00	0.00	8,000
Paramedic Course	100.00	100.00	0.00	600
Basic EMT-IV	25.00	25.00	0.00	175
EMT-Intermediate	25.00	25.00	0.00	500
Emergency Medical Dispatch	25.00	25.00	0.00	200
<u>Training Equipment Rental Fees</u>				
35 MM Slide Projector	24.50			0
35 MM Slide Trays	0.50			0
35 MM Slide Sets	24.50			0
Adult Arm	14.60			0
Air Chisel Rescue Tool Kit	30.00			0
Air splints—set	10.00			0
Airway Kits	2.50			0
All level Ambulance Cot	12.50			0
Anatomical Model	24.50			0
Automatic Defibrillator Trainer	52.00			0
Army Stretchers	2.00			0
Backboard Straps and Neckroll	7.00			0
Bag Mask Resuscitators	10.50			0
Bio-Com Rental	12.00			0
Blankets	6.00			0
Bolus infusion set up	10.50			0
Cardboard Splints	0.50			0
Cardiac Monitor and Defibrillator	52.00			0
Defibrillator late charge	52.00			0
CardioPulsar	2.00			0
Compressed Air Cylinder	10.50			0
Construction Knives	1.50			0
Dual Stethoscope	2.50			0
Durawax	1.00			0
Complete set, per course	350.00			0
EOA Kits	15.00			0
Epi pen trainer	7.50			0
ET Tubes	4.00			0
Emergency Vehicle Operations (EVO) Course Kit	50.00			0
Emergency Vehicle Operations (EVO) Slide	65.00			0
Emergency Vehicle Operations (EVO) Video	24.00			0
Extrication Kit	30.00			0
Femur Traction Splint (no Ratchet)	7.50			0
Femur Traction Splint (Ratchet)	9.00			0
Flip Card File	3.00			0
Foam Cervical Collars	1.50			0
Folding Blackboard (Metal)	3.50			0
Heart Simulator	22.50			0

	Current <u>FY 2000-01</u>	Proposed <u>FY 2001-02</u>	<u>Difference</u>	Projected <u>Revenue</u>
Henrie-Knee-Trae	0.50			0
Infusion-Trainer	6.00			
Inhaler	5.00			0
Intermediate-Course-Kit	50.00			0
Intraosseous-Needle	18.00			0
Intubation-Kit	30.00			0
Intubation-Manikin	20.00			0
IV-Course-Kit	50.00			0
IV-Hand-&Arm	15.00			0
K-Bar-Rescue-Tool	6.00			0
K.E.D.-Splint	3.00			0
Laryngoscopes	5.00			0
Life-Pak-5	52.00			0
Long-Backboard-(Wood)	3.50			0
Long-Board-Leg-Splints	1.00			0
MAST-Trousers	7.50			0
Moulage-Kit	20.50			0
Moulage-Kit-Singles	3.00			0
Mr.-Hurt	30.00			0
OB-Kit	8.50			0
Obstetrical-Manikin	37.50			0
Orthopedic-Backboard	4.00			0
Oxygen-Cylinders	15.00			0
Oxygen-Flowmeter-Kit	11.00			0
Oxygen-Powered-Suction-Unit	11.00			0
Oxygen-Powered-Demand-Valve	20.50			0
Patient-Assisted-Medications-Set	10.00			0
Pediatric-Vascular-Access-(PVA)-Kit	30.00			0
Philadelphia-Cervical-Collars	1.50			0
Phones,-Sound-Powered	1.50			0
Pillow-and-pillowcases	1.50			0
Portable-Suction-Unit	10.00			0
Recording-Resuscitator	24.00			0
Resuscitator	17.50			0
Resuscitator-Baby	6.00			0
Resuscitator-Junior	14.60			0
Safety-Goggles	1.50			0
Short-Backboard-(Metal)	4.00			0
Short-Backboard-(Wood)	3.00			0
Skeleton	10.50			0
Sphygmomanometer	4.00			0
Spray-Bottles	0.50			0
Stethoscopes	2.50			0
Student-Bandage-Pack	5.00			0
Thomas-Half-Ring	3.00			0
Vacuform-splints	10.00			0
Video-Tapes	4.50			0
New Instructor Course Registration	125.00	125.00	0.00	11,250
<u>Course Coordinator Seminar Registration</u>		<u>25.00</u>	25.00	1,250
Course Coordinator Course Registration	25.00	25.00	0.00	2,000
<u>Paramedic Seminar</u>		<u>100.00</u>	100.00	2,000

	Current FY 2000-01	Proposed FY 2001-02	Difference	Projected Revenue
Instructor Course Seminar Registration	125.00	125.00	0.00	41,250
Instructor Conference Vendor Fee	165.00	165.00	0.00	2,475
New Training Officer Course Registration	25.00	25.00	0.00	2,500
<u>Training Officer Seminar Registration</u>		<u>25.00</u>	25.00	1,800
EVO Instructor Course	40.00	40.00	0.00	3,000
EMSC Video	20.00			0
EMSC Pediatric Prehospital Care Course	65.00	65.00	0.00	1,300
<u>Medical Director's Course</u>		<u>50.00</u>	50.00	1,000
PALS Instructor Course	25.00	25.00	0.00	150
<u>PALS Course</u>		<u>65.00</u>	65.00	1,300
<u>PEPP Course</u>		<u>65.00</u>	65.00	1,300
EMSC Video - Basic Assessment	25.00			0
EMSC Video - Respiratory	30.00			0
EMSC Video - Shock and Shock Management	30.00			0
EMSC Video - Child Abuse and SIDS	50.00			0
Equipment delivery fee				
Salt Lake County	25.00	25.00	0.00	50
Davis, Utah, and Weber Counties	50.00	50.00	0.00	200
Late Fee - the department may assess a late fee for equipment at the daily fee plus 50% of the daily fee for every day the equipment is late.				
Training Supplies, <u>rental of equipment</u> , and Accessories				
Charge for course supplies and accessories to be based upon most recent acquisition cost plus 20% rounded up to the nearest \$.10 (computed quarterly), FOB Salt Lake City, Utah.				35,895
<u>Background checks (name only)</u>		<u>10.00</u>	10.00	30,000
<u>Fingerprint checks in Utah only</u>		<u>15.00</u>	15.00	7,500
<u>Fingerprint checks to the FBI</u>		<u>24.00</u>	24.00	12,000
Bureau of Licensing				
Annual License Fees				
A base fee for health facilities of \$100.00 plus the appropriate fee as indicated below applies to any new or renewal license.	100.00	100.00	0.00	65,900
Child Care Facilities base fee	35.00	35.00	0.00	94,500
Change Fee				
A fee of \$75.00 is charged to health care providers making changes to their existing license.	75.00	75.00	0.00	30,750
Child Care Center Facilities				
Per Child fee	1.50	1.50	0.00	34,500
Hospitals:				
Fee per Licensed Bed - accredited beds	11.00	11.00	0.00	59,114
Non-accredited beds	14.00	14.00	0.00	10,976
Nursing Care Facilities, and Small Health Care Facilities				
Licensed Bed	10.00	10.00	0.00	88,260
Residential Treatment Facilities				
Licensed Bed	8.00	8.00	0.00	800
End Stage Renal Disease Centers (ESRDs)				
Licensed Station	60.00	60.00	0.00	12,180
Freestanding Ambulatory Surgery Centers (per facility)	1,000.00	1,000.00	0.00	67,000

	Current FY 2000-01	Proposed FY 2001-02	Difference	Projected Revenue
Birthing Centers, and Abortion Clinics: (per licensed unit)	200.00	200.00	0.00	1,800
Hospice Agencies	500.00	500.00	0.00	10,000
Home Health Agencies/ <u>Personal Care Agencies</u>	500.00	500.00	0.00	37,000
Mammography Screening Facilities	200.00	200.00	0.00	8,200
Assisted Living Facilities Type I				
Licensed Bed	9.00	9.00	0.00	18,495
Assisted Living Facilities Type II				
Licensed Bed	9.00	9.00	0.00	20,871
The fee for each satellite and branch office of current licensed facility	75.00	75.00	0.00	13,050
Late Fee				
Licensed health facility providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance re not received by the license expiration date.				
Within 14 days of expiration of license	30%			480
	scheduled			
	fee			
Within 30 days of expiration of license	60%			0
	scheduled			
	fee			
New Provider/Change in Ownership Applications for health care facilities	500.00	500.00	0.00	31,000
A \$500.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.				
Assisted Living and Small Health Care				
Type-N Limited Capacity/Change of Ownership Applications:	250.00	250.00	0.00	2,500
A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application.				
New Provider/Change in Ownership Applications for Child Care facilities	200.00	200.00	0.00	2,000
A \$200.00 fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection, etc. This fee will be due at the time of application.				

	<u>Current</u> <u>FY 2000-01</u>	<u>Proposed</u> <u>FY 2001-02</u>	<u>Difference</u>	<u>Projected</u> <u>Revenue</u>
If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:				
Policy and Procedure Review-50% of total fee.				
Onsite inspections-90% of the total fee.				
Child care program application fees of \$35.00 are not refundable				
Plan Review and Inspection Fees				
Hospitals:				
Number of Beds				
Up to 16	1,500.00	1,500.00	0.00	1,500
17 to 50	3,500.00	3,500.00	0.00	7,000
51 to 100	5,000.00	5,000.00	0.00	5,000
101 to 200	6,000.00	6,000.00	0.00	0
201 to 300	7,000.00	7,000.00	0.00	0
301 to 400	8,000.00	8,000.00	0.00	8,000
Over 400, base fee	8,000.00	8,000.00	0.00	0
Over 400, each additional bed	50.00	50.00	0.00	0
In the case of complex or unusual hospital plans, the Bureau of Licensing will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.				
Nursing Care Facilities and Small Health Care Facilities				
Number of Beds				
Up to 5	650.00	650.00	0.00	0
6 to 16	1,000.00	1,000.00	0.00	0
17 to 50	2,250.00	2,250.00	0.00	2,250
51 to 100	4,000.00	4,000.00	0.00	0
101 to 200	5,000.00	5,000.00	0.00	5,000
Freestanding Ambulatory Surgical Facilities, per operating room	750.00	750.00	0.00	0
Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit				
	250.00	250.00	0.00	0
End Stage Renal Disease Facilities, per service unit	100.00	100.00	0.00	100
Assisted Living Type I and Type II				
Number of Beds				
Up to 5	350.00	350.00	0.00	350
6 to 16	700.00	700.00	0.00	2,100
17 to 50	1,600.00	1,600.00	0.00	1,600
51 to 100	3,000.00	3,000.00	0.00	6,000
101 to 200	4,200.00	4,200.00	0.00	4,200
Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$100.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative				

	<u>Current FY 2000-01</u>	<u>Proposed FY 2001-02</u>	<u>Difference</u>	<u>Projected Revenue</u>
Plan Review and Inspection Fees for Remodels of Licensed Facilities				
The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating room, service units, or other clinic type facilities				
Hospitals, Freestanding Surgery Facilities, per square foot	0.16	0.16	0.00	8,646
All others excluding Home Health Agencies, per square foot	0.14	0.14	0.00	1,004
Each required on-site inspection, base fee	100.00	100.00	0.00	3,600
Each required on-site inspection, per mile traveled according to approved state travel rates.				
Other Plan-Review Fee Policies				
If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other information regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$100.00, plus mileage reimbursement at the approved state rate. A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee. Thirty cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT scanner or linear accelerator. If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows:				
Preliminary drawing review-25% of the total fee.				
Working drawings and specifications review-80% of the total fee. If the project is delayed beyond 12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.				
Health Care Facility Licensing Rules	Cost plus mailing	Cost plus mailing		
Child Care Licensing Rules	Cost plus mailing	Cost plus mailing		
(Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)				
Certificate of Authority -				
Health Maintenance Organization Review of Application	500.00	500.00	0.00	0